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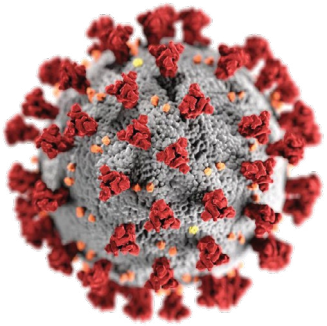

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Pennsylvania's COVID-19 Response vs. Homeland Security Frameworks and Research: Masking the Whole Community

By Alexander Siedschlag

Abstract

This essay offers an intermediate discussion of select policy, strategic, operational, and tactical issues that demonstrate where and how the Commonwealth of Pennsylvania's novel coronavirus response on the one hand, and homeland security frameworks and research on the other, converge or—more often so—diverge, and how to narrow this gap. Although typically framed as a pandemic owned by the public health sector, the COVID-19 response falls directly within the homeland security mission space, whose core missions include "Ensuring Resilience to Disasters." In some respects, Pennsylvania's response exemplifies best practices suggested by research. In other dimensions, it is neither in line with what research would recommend nor with what the National Preparedness System would mandate. The Keystone State has yet to fully make the step from disaster to catastrophe as the characteristic challenge to U.S. emergency management in our century. Response to catastrophic crisis cannot be siloed; it requires adaptivity and an inclusive approach to the community.

Keywords: catastrophe; COVID-19; disaster; national response framework; pandemic; Pennsylvania; preparedness; resilience; whole-community approach

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As United Nations Secretary-General António Guterres has pointed out, the "We Are All in This Together" slogan also means that the COVID-19 situation exceeds the quality of a pandemic and is a complex catastrophe.[1] The Federal Emergency Management Agency (FEMA) has released guidance for the management of concurrent emergencies in the evolving COVID-19 context.[2] With its complex distributed political and organizational structure as a Commonwealth, Pennsylvania faces many complexities and dilemmas in its response to COVID-19. This essay offers an intermediate discussion of select policy, strategic, operational, and tactical issues that demonstrate where and how the Pennsylvania response converges with and diverges from homeland security frameworks and research and how to narrow this gap. Legal action and court decisions related to the Pennsylvania state government's COVID-19 response therefore are beyond the focus of this analysis.[3]

Although typically framed as a pandemic owned by the public health sector, the COVID-19 response falls directly within the homeland security mission space, with its core mission no. 5 being to "Ensure Resilience to Disasters."[4] In fact,

> On March 19th [2020], FEMA's role in the pandemic response changed. Under the direction of the White House Coronavirus Task Force, FEMA moved from playing a supporting role in assisting the U.S Department of Health and Human Services (HHS), which was designated as the initial lead federal agency for the COVID-19 pandemic response, to coordinating the Whole-of-Government response to the COVID-19 pandemic.[5]

Core Characteristics of Pennsylvania's COVID-19 Response

The Commonwealth's Department of Health activated its Department Operations Center at the Pennsylvania Emergency Management Agency's (PEMA) on February 1, 2020 and on March 4, 2020, PEMA activated its Commonwealth Response Coordination Center, while Governor Tom Wolf issued a "Proclamation of Disaster Emergency" on March 6, 2020.[6] Before COVID-19 containment action was taken, PEMA, assisted by the Pennsylvania Department of Health, organized a pandemic planning event for all state agencies, with a workshop and tabletop exercise to jointly address states of preparedness, potential impacts, and continuity of operations planning.[7] After that planning event, there was very little evidence of an all-of-government approach coming from the Governor's office.

Governor Tom Wolf's operational response began on March 12 in Montgomery County, which had seen an uptick in cases, with school closures and the request for non-essential businesses to close and residents to limit travel. Early on, the Governor also successfully requested funds from the Economic Injury Disaster Loan (EIDL) program to offset some of the economic impacts of his evolving COVID-19 containment actions on small businesses.

As the situation evolved, the Governor used what he referred to as a "data-driven" county-per-county approach to lockdown (stay-at-home orders) and reopening, based on infection trends and additional metrics such as contract tracing capability.[8] The first counties were shut on March 23, and Governor Wolf ordered a state-wide shut-down on April 1. The "Process to Reopen Pennsylvania" then started on May 8.[9] The phased approach to reopening was based on metrics including but not limited to the infection-rate trend. It uses a traffic light-like color scheme, where red means the stay-at-home and non-life sustaining business closure order remains in effect, yellow means lifting of the stay-at-home order and certain business closures for "aggressive mitigation," and green signifies further lifting of restrictions with national guidelines from the Centers of Disease Control (CDC) and state guidelines from the Pennsylvania Department of Health to be closely followed and enforced at state and local level.[10]

According to the Governor's Office, "decisions and actions were taken on a state, county, and regional basis in coordination with local elected officials, public health experts, and other stakeholders."[11] However, on the weekend of May 9-10, there was a showdown between Governor Wolf and several counties of the Commonwealth that unilaterally announced their intention to

defy the governor's extended COVID-19 stay-at-home order and to decide themselves when they were going to open.[12] At the same time, several local law-enforcement agencies declared they would not continue to enforce certain business closure orders, and some local leaders said they would not let township police enforce the Governor's order without their express approval.[13]

As several counties went ahead to announce that they would move from the "red" to the "yellow" phase based on their own, not the governor's decision, Governor Wolf issued a remarkably harsh response using the federal and state funding stick as well as some martial language. For example, in public statements and through news media, he accused certain state senators and county commissioners of acting "cowardly" and "choosing to desert in the face of the enemy."[14] Most of the counties backed down and one approach taken was to establish a local reopening commission that assessed the business impact of extended closures and a possible way forward in line with the Governor's guidance. That approach in turn was met with criticism from African-American leaders, who were not initially represented on that commission.[15]

On May 15, protesters who were members of the *ReOpen PA* group which at that time comprised around 85,000 concerned citizens rallied around the Pennsylvania State Capitol in Harrisburg, PA, joined by citizens associated with like-minded groups from across the Commonwealth.[16]
In early July, while some cities expressed their deep disappointment about not being allowed by the Governor to move to the "green" phase, other cities, such as Philadelphia, constructed their own "modified green" phase, to complete confusion. As Philadelphia Health Commissioner Thomas Farley clarified—although the Governor was sending the city to "green," Philadelphia determined the city did not currently meet all the metrics for that; hence, the hometown of Independence Hall announced its own schedule for reopening[17] that Governor Wolf subsequently endorsed.[18]

By mid-July, all counties had formally moved to the "green" phase. This "greening" might have sent the wrong signal to some parts of the population and since then, an increase in COVID-19 cases has been seen. Already on July 1, Health Secretary Rachel Levine had issued an order requiring all Pennsylvanians to wear masks whenever they leave home; on July 15, the Governor and the Health Secretary additionally issued "Targeted Mitigation" orders, reprimanding the irresponsible behavior of some parts of the public and among other things putting occupancy limitations on bars and nightclubs as well as requiring teleworking wherever possible.[19]

Governor Wolf and Secretary of Health Levine led the Commonwealth's response, with little to no visible involvement of county and local-level emergency management agencies. The narrative centered on the "flatten the curve" slogan, with the rationale changing over time from a flattened curve buying time to prevent the health sector from being overwhelmed with an influx of COVID-19 patients to a flattened curve actually reducing the total number of infected people and saving lives. As was characteristic of the response elsewhere in the U.S. (as well at the federal level) the Department of Health quickly assumed ownership of the crisis and integrated it from the coordinating agency (in line with Emergency Support Function [ESF] 8 according to the *National Response Framework*)[20] to the lead agency. As has been the

case in the United States' COVID-19 response overall, public health sector leadership was vociferous early on with its claims and interest in massive protection of its own sector of critical infrastructure, preferring a risk elimination approach over the risk management approach that characterizes homeland security policy and strategy.[21]

To note, at the federal level, "under the direction of the White House Coronavirus Task Force, FEMA moved from playing a supporting role in assisting the U.S. Department of Health and Human Services (HHS), which was designated as the initial lead federal agency for the response, to directing it."[22] The federal response uses the model of a "Unified Coordination Group" that is

> made up of the FEMA Administrator, the HHS [Health and Human Services] Assistant Secretary for Preparedness and Response, and a CDC [Centers for Disease Control] representative—which has responsibility for operational command, leadership, and decision-making for the COVID-19 pandemic response. The three leaders are partners in operational decision-making for the response and provide input to the White House Coronavirus Task Force.[23]

Discussion

Crisis Management

In the Three Mile Island nuclear accident of 1979, Pennsylvania Governor Dick Thornburgh had used what he later on characterized as a pluralistic crisis management style of "trusted ad-hocracy."[24] Within that style, moral authorities in crisis response and crisis communication, such as subject-matter expert—but not technocrat—Herold Denton, emerged as the crisis evolved, and that came with a lot of inherent legitimacy and capability for subject matter expertise-based "intelligent social control."[25] Aiming at a more integrated response, which is in line with the *National Response Framework,* and using a lead (rather than coordinating) agency approach, Governor Wolf instilled a maximum of crisis governance power in his Health Secretary Levine— resulting in the creation of of a sole moral agent who can't be legitimately criticized or otherwise challenged. A Professor of Pediatrics and Psychiatry at the Penn State College of Medicine who previously served as Pennsylvania's Physician General, Levine symbolizes the data-driven and research-informed approach of the state to the COVID-19 response.

However, as Naomi Zach and the disaster ethics paradigm would posit, the "common good"—Rousseau's concept of what brings benefit to all of society—cannot be determined by number crunching.[26] A public health metrics-focused data-driven approach to COVID-19 is limited by two factors. First, a common shortcoming is that only pandemic data and projections seem to be used, with no adequately comprehensive set of indicators applied that would, among others, also include business recovery and social life data.[27] Second, from a homeland security perspective, the public health sector needs to include cross-agency training and communication, community involvement, and be able to build its response efforts on an established pre-disaster routine.[28]

In bioethics, the tendency of public health sciences and practice to focus on risk avoidance (as opposed to risk management,) has been criticized.[29] At the same time, risk personalization is integral to effective public warning systems and strategies. However, it becomes difficult when "a personal understanding of what was meant by the warning" is difficult for people to form.[30] When public crisis communication is fixated on infection counts, hospital beds and ventilator numbers, as well as sometimes wild extrapolations on case numbers, it makes risk personalization difficult and enhances the 'it won't happen here/it won't happen to me' effect,[31] thus de-incentivizing public compliance with behavioral mandates such as mask wearing. Therefore, it is not surprising that the Governor and the Health Secretary needed to add several targeted mitigation orders on top of each other in an effort to tackle compliance issues.

Preparedness Gap

If the COVID-19 response is research-based, it should not be overwhelmed by the unexpected, as the Pennsylvania response was, by the the "Reopen Pennsylvania" campaign .[32] The situation Pennsylvania found itself in was not beyond imagination, and neither has it been beyond expectation. As noted by Peter Hough, "as with famines and hunger, however, major epidemics and pandemics (international epidemics) of diseases represent only dramatic periodic escalations of an underlying and persistent threat."[33] According to the *National Biodefense Strategy* of 2018, under its Goal 1, "the United States will build risk awareness at the strategic level, through analyses and research efforts to characterize deliberate, accidental, and natural biological risks"—the related objective being to "ensure decision-making is informed by intelligence, forecasting, and risk assessment."[34] In fact, pandemic planning models and scenarios have covered COVID-19-like and worse pandemics for almost as long as the homeland security enterprise has existed.

According to the Centers of Disease Control (CDC), at the time of the finalization of this article (September 24, 2020), there have been 6,916,292 total cases of COVID-19 and 201,411 deaths attributed to COVID-19 in the U.S., of which 2 percent of the cases (153,397) and 4 percent of the death toll (8,079) have fallen upon Pennsylvania.[35] Worldwide, according to the World Health Organization (WHO), there were 31,664,104 cases and 972,221 deaths as of September 24, 2020.[36]

In the *National Planning Scenarios* of 2005, "Scenario 3: Biological Disease Outbreak—Pandemic Influenza"[37] portrays a hypothetical public health emergency with 85,000 fatalities in the U.S. (which the COVID-19 pandemic has far exceeded), and 300,000 hospitalizations, which is in the dimension of the cumulative number of COVID-19-related hospitalizations nation-wide which had surpassed 300,000 on July 29, 2020, reaching 400,840 by September 24.[38] As a result, based on the scenario assumptions, the load on the health sector has been within the forecast range and hence should not have been unanticipated.

As well, the challenge of concurrent public health and public policy crises (such as the George Floyd protests and civil unrest[39]) has been as anticipated in scenario foresight. In the Rockefeller

Foundation's "Lock Step" scenario developed in 2010, a new influenza virus kills 8 million people worldwide (COVID-19 so far having killed close to 1 million) and some governments' overbroad response starts to threaten civil liberties and democratic values, evoking mass protest.[40]

As another example: The National Infrastructure Simulation and Analysis Center (NISAC), conducted a pandemic influenza preparedness study. Its planning model estimation was that a catastrophic pandemic would overwhelm the nation's healthcare capabilities in seven to ten weeks, with the healthcare sector going out of capacity and having to reject 3 to 4 million patients.[41]

Moreover, state-of-the-art reviews had identified health policy as an emerging "key element of building resilience."[42] At the textbook level, "catastrophic pandemic" scenarios including related ethical decision-making challenges have been covered as well.[43] We have been teaching our students for quite some time the catastrophic character of a potential crisis like the COVID-19 pandemic , and now we find out that due to the systemic risks of our "'just-in-time delivery' economy, the United States has insufficient surge capacity for health care, some food supplies, and many other products and services."[44]

Crisis Communication

Governor Wolf's and Secretary Levine's crisis communication style has been straightforward, which comes with its advantages and disadvantages. When public compliance challenges are anticipated, clamorous crisis communication can increase peoples' following of behavioral mandates because it interrupts normal routine and instills a sound sense of emergency where environmental clues are absent,[45] such as with a virus that cannot be seen On the other hand, following the "homeland security vision,"[46] crisis management policy and politics should themselves bear resemblance to the principles of the American Way of Life and the massive democratic experiment it relies on. This however has not always been the case in Pennsylvania's COVID-19 response.

The governor's questionable personification of the novel coronavirus as an "enemy" that Pennsylvanians must courageously stand together to defeat, however is an expression of long-standing U.S. national security culture. As such, it may even be seen as an effective communicative crisis management strategy because as James Sperling argues, "Americans require a palpable existential threat to conduct a purposeful security policy; there appear to be no permanent interests independent of the threat posed by a malevolent 'other'."[47] However, because of that, in political and public discourse, homeland security policies can easily be militarized.[48] Defense support of civil authorities and homeland defense being essential, the broader public still tends to confuse homeland security as a civil security and law-enforcement based enterprise, centered on a whole-community approach, with national defense and its kinetic approach. This misconception also is present in Pennsylvanians' minds.[49] Therefore, using martial metaphors to solicit a unified county and community response may be penny-wise but pound-foolish if one looks at the COVID-19 response as an aspect of the homeland security mission set.

It was also predictable that in the COVID-19 crisis, the Governor's Office and the Department of Health's response would be confronted by some state lawmakers, local government, and members of the public because as Richard Sylves asserts, "emergency management is conducted in an American political culture. Therefore it is often challenged by people's fundamental distrust of government planning efforts".[50] Moreover, it is neither unusual nor egregious but normal for crisis management to involve "politics of crisis management" as crises put "public leadership under pressure" and public crisis management is not a secretive expert responsibility but an open governance challenge.[51] Yet Pennsylvania's public health administration's reaction to such challenges has been confrontational and seemingly partisan at times. Not shy about making political statements, as a state administrator, Health Secretary Levine has been seen by her critics as lacking the democratic legitimacy to do so.[52] The following press release of June 22, 2020 is indicative of the problem.

> Against the advice of public health experts and against orders from Gov. Wolf and Sec. of Health Dr. Rachel Levine aimed at keeping Pennsylvanians healthy, Lebanon County commissioners voted 2 to 1 along party lines to prematurely reopen in late May. Now, the county is facing an uptick in cases, and is unable to move to green. Lebanon County's partisan, politically driven decision to ignore public health experts and reopen prematurely is having severe consequences for the health and safety of county residents," Dr. Levine said. "Case counts have escalated and the county is not yet ready to be reopened. Lebanon County has hindered its progress by reopening too early. Because of this irresponsible decision, Lebanon County residents are at greater risk of contracting COVID-19.[53]

Otherwise worthy of criticism, a strength of this communication is that it emphasizes the 'It ain't over till it's over' principle, criticizing premature political action of crisis termination.[54] However, the adversarial communication style represented by this statement is an example of public health technocracy confronting public policy choices. In Pennsylvania, county commissioners are elected politicians and the Health Secretary is an appointed public servant. As Sylves points out, "[t]he ethos of U.S. emergency management" includes an "emphasis on grassroots local emergency management in emergencies and disasters with overhead governments providing help but not taking command or control of local emergency response and recovery operations."[55] As Pitirim A. Sorokin concluded in *Man and Society and Calamity* (1942), calamities come with a "general increase of governmental control" and a corresponding need to emphasize constitutional rights and liberties as well as to practice democratic institutionalism in the public administration of the catastrophe.[56]

Pennsylvania's reopening plan was divided into a red, a yellow, and a green phase. Other states, for example New York, use a numbered phases system that may be a better model. Homeland security studies have found color-coded risk communication systems ineffective, the Homeland Security Advisory System (HSAS) being the most prominent example. It was replaced with the more detailed National Terrorism Advisory System (NTAS) as under HSAS too much context needed to be provided separately to equip the public with actionable information.[57] In fact,

Governor Wolf has been busy explaining the details and meaning of the color-coded system on his social media outlets. An additional complication stems from the fact that some jurisdictions within the Commonwealth have added their own variant of a more restricted "green phase." This is a good example of disaster research's long-standing finding that, as semiotics calls it, indexical signs are not enough to transmit behavioral instructions effectively.[58]

CONCLUSION

As Mike Bourne argues, "[h]omeland security first and foremost seeks to secure not just survival but ways of life."[59] While ensuring resilience to catastrophic disaster is a core homeland security mission, seldom in the era of modern democracy have so few restricted so many so much as in the COVID-19 response. Also, with problematic gubernatorial communication , those affected can easily be deprived of fair voice opportunity and crisis communication can have too much of a top-down orientation.

First of all, a global lesson learned from COVID-19 so far also applies to Pennsylvania, as Mami Mizutori points out:

> "Risk has become systemic. It cannot be divided into categories that are then assigned to health authorities, disaster management agencies or early warning centres. If governments continue to operate in this way, the bigger picture as a disaster unfolds will remain unseen and the solutions will not be fit for purpose."[60]

Pennsylvania has yet to fully make the step from disaster to catastrophe as the characteristic challenge to U.S. emergency management in our century. Response to a catastrophic crisis cannot be chopped into separate silos of responsibility, [61] and it must be able and willing to reform itself in action, being responsive to and appreciative of the whole community and its evolving concerns and needs.

That said, the Keystone State's response exemplifies broader national issues. An example of those is the switching of preparedness planning to a capability-based approach after the Hurricane Katrina experience and the advent of the whole-community principle.[62] We now know how the capability-based approach can work against the whole-community approach: namely, in situations such as the COVID-19 response, where an isolated focus was laid on sustaining certain health sector capabilities in the face of worst-case scenarios of numbers of infected people requiring hospitalization and intensive care. Such a response of protecting the healthcare system at virtually any cost, based on needs assessments derived from statistical modeling, is not consistent with the *National Preparedness Goal* "in a manner that allows our interests, aspirations, and way of life to thrive."[63] In a public-health context as well, "all security involves trade-offs,"[64] and, as United Nations Secretary-General António Guterres also reminded us, the best approach is one that responds proportionately to immediate threats while protecting human rights and the rule of law. More than ever, governments must be

transparent, responsive and accountable. Civic space and press freedom are critical. Civil society organizations and the private sector have essential roles to play. And in all we do, let's never forget: The threat is the virus, not people.[65]

About the Author

Alexander Siedschlag is Chair of Penn State World Campus Homeland Security Programs, a collaboration across nine colleges, and Professor of Homeland Security, Public Health Sciences, and International Affairs. He served concurrently as Interim Director of Penn State's School of Public Affairs at Penn State Harrisburg, and the Capitol College, from July 2018 to December 2019. He continues to serve concurrently as the Program Head for the School's Political Science and Public Policy Programs. Born in the city of West Berlin during the time of the American Sector, Alexander holds an M.A. and a Ph.D. in political science, with minors in sociology and psychology, from the University of Munich and a venia legendi ("habilitation") for political science from Humboldt University Berlin, Germany. Alexander started his security studies career in the mid-1990s as a NATO Research Fellow. Before joining Penn State in 2013, he was Professor for Security Research and Head of the Institute for Security Research at Sigmund Freud University Vienna, Austria. The institute was established through a grant under the Austrian national security research program KIRAS as a national center of excellence. Alexander's latest book is (edited., with Andrea Jerković) *Homeland Security Cultures: Enhancing Values while Fostering Resilience* (Lanham, MD: Rowman & Littlefield, 2018). He may be reached on siedschlag@psu.edu.

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